

**Georgia Department of Human Resources
SUPPORTING BUDGET SCHEDULE: REVENUE
for the Fiscal Year July 1, 20__ through June 30, 20__**

Division # 030		Program #			
Local Agency #	Local Agency Name	Program Name	Budget Revision #		
Revenue Category	Description	Position # (if applicable)	Annual Amount		
Total					

I certify that the information on this schedule is accurate.

DHR:Γ Approval
Γ Approval w/Exception
Γ Disapproval

Board Chairperson or Executive Director

Signature

Date

Form 1272 (2-00)